



City of Wilmington
Application for Education Assistance

TO BE COMPLETED AND APPROVED **BEFORE** CLASSES START

Name: _____

Department/Division: _____

Job Title: _____

Email address: _____ SS#: _____

Home phone: _____ Work phone: _____

Supervisor's name: _____

I have read and understand the City of Wilmington's Education Assistance Policy:

Yes _____ No _____

I am requesting the \$200 advancement? Yes _____ No _____

Other than from the City of Wilmington, are you receiving any assistance in paying for your coursework (grants, scholarships, VA, etc.)?

Yes _____ No _____

If yes, please explain and attach letter of financial assistance: _____

I hereby submit the following course(s) for approval under the rules of the Education Assistance Program offered by the following institution:

Name of Institution

Course Title	Credit	Tuition
		\$
		\$
Total:		\$

Class Start Date: _____ Class End Date: _____

This course is a requirement for which degree? AA/AS____ BS/BA____ MA/MS _____

Certificate_____ Doctoral Program_____

Program or Major Name: _____

State briefly why you believe this course will help you in your present job or prepare you for other responsibilities with the City.

I understand that if my application is approved, the City of Wilmington will refund 100% of **the costs of registration, tuition and lab fees, not to exceed \$1,500 in any one- (1) fiscal year for regular benefits eligible positions or not to exceed \$750 in any one-(1) fiscal year for eligible part-time employees.** This will occur upon my completion of the course; certification that my grade(s) meet the standards of the program and documentation of course cost. I also understand that should I leave the City of Wilmington's employment or fail to meet the grade standards of the program, for reasons other than reduction-in-force (authorized city lay-off), within twelve (12) months of being reimbursed for the above course (s), I must repay the City the amount of this reimbursement and any advance payment received on the next regularly scheduled paychecks. By my signature I authorize payroll deduction should this happen.

Employee's Signature: _____ Date: _____

Human Resources Director/Designee: _____

Approved: _____ Not Approved: _____

Date: _____

Approved/Not Approved Comments: _____

Copy of application sent to employee and department director: _____